2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033602

Entity Name: MY TITLE PROFESSIONALS, INC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

135 2ND AVE, STE 5A 135 2ND AVE NORTH JACKSONVILLE BEACH, FL 32250

SUITE 5A

JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

135 2ND AVE, STE 5A 135 2ND AVE NORTH JACKSONVILLE BEACH, FL 32250

SUITE 5A

JACKSONVILLE BEACH, FL 32250

FEI Number: 20-8658265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPARH, KRISTINE SPAHR, KRISTINE 135 2ND AVE, STE 5A JACKSONVILLE BEACH, FL 32250 135 2ND AVE NORTH

US SUITE 5A JACKSONVILLE BEACH, FL 32250 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KRISTINE SPAHR 04/14/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COO () Delete Title: () Change () Addition

SPAHR, KRISTINE Name: Name: 424 PEREGRINE COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINE SPAHR COO 04/14/2009